

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTSVILLE MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>287 BAKER STREET HUNTSVILLE, TN 37756</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to maintain the automatic sprinkler system and its components.</p> <p>The findings include:</p> <p>Observation and record review on October 29, 2013 between 8:15 a.m. and 12:45 p.m. revealed the following:</p> <ol style="list-style-type: none"> <li>1. Sprinkler report revealed that the 3 year full flow trip test for the dry system sprinkler had exceeded the maximum time of 60 seconds. The recent full flow trip test has a time of 85 seconds. This automatic sprinkler system is not equipped with a quick opening device (QOD).</li> <li>2. Observation revealed 3 of 3 sprinkler heads under the canopy from the service hall exit are corroded and tarnished.</li> <li>3. Observation revealed 7 of 7 sprinkler heads under the canopy and side porch at the main entrance are corroded and tarnished.</li> </ol> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on October 29, 2013.</p>	K 062	<p>K029 NFPA 101 Life Safety Code Standard</p> <p>Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> <li>1. Maintenance Director notified Century on October 29, 2013. Century came to facility on November 11, 2013 and conducted another test that indicated compliance of the 60 second trip test time.</li> </ol> <p>Completion date: 11/11/13</p> <p>Century conducted a review of the sprinkler heads under the canopy that were corroded and tarnished and placed an order to replace.</p> <p>Completion date: 11/21/13</p> <p>Identify other residents have the potential to be affected by the same deficient practice and what corrective action taken:</p> <ol style="list-style-type: none"> <li>2. Maintenance Director conducted a 100% audit of the facility with Century to ensure compliance of the automated sprinkler system components.</li> </ol> <p>Completion date: 11/6/13</p> <p>Measures/systematic changes put in place to ensure that the deficient practice does not recur:</p> <ol style="list-style-type: none"> <li>3. In-service conducted by Nursing Home Administrator with the Maintenance Department on "Preventive Maintenance/Surveillance Rounds".</li> </ol> <p>Completion date: 11/11/13</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Carol Buttram*

TITLE

*Administrator*

(X6) DATE

*11-18-13*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Carla Battram*

TITLE

*Administrator*

(X6) DATE

11-12-13

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.